

TRIBAL EMPLOYMENT RIGHTS OFFICE COMPLAINT INTAKE FORM

COMPLAINANT'S NAME/ADDRESS:

Name:
Address:
City, State Zip:
Telephone:

COMPLAINT AGAINST NAME/ADDRESS:

Name:
Dept./Entity:
Address:
City State Zip
Telephone:

NUMBER OF EMPLOYEES:**WHAT WAS THE MOST RECENT DATE THE ACTION YOU ARE ALLEGING
TOOK PLACE?**

EARLIEST / / *LATEST* / /

☐ CONTINUED ACTION

CAUSE OF COMPLAINT BEING FILED: Check appropriate box(s):

☐ RACE ☐ COLOR ☐ SEX ☐ RELIGION ☐ NATIONAL ORIGIN ☐ RETALIATION
☐ AGE ☐ DISABILITY ☐ OTHER (Specify) _____

LIST YOUR COMPLAINT AND THE REMEDY YOU ARE SEEKING: (If additional space is needed, attached extra sheets):**Are you now employed by the employer that you are filing this complaint against?**

Yes: Start Date: ____/____/____
Current Position: _____

No: I applied for: _____
(Position)
on: _____
(Date)

OR: I was employed as _____
(Position)
Until _____ I was _____
(Laid off, Fired, etc.)

- ☐ I have filed my complaint with my immediate Supervisor per the Personnel Policies and was not satisfied with the response.;
- ☐ I have filed with my supervisor's supervisor and was not satisfied with their decision;
- ☐ I am now at TERO level for filing my grievance as per the Personnel Policies.
- ☐ I will advise the TERO Office if I change my address or telephone number and cooperate fully with them in the processing of my complaint in accordance with the TERO Ordinance and Complaint Procedures
- ☐ **AUTHORIZATION FOR RELEASE OF INFORMATION:** I hereby authorize the TERO Director permission to obtain copies of my personnel file and/or any additional information pertaining my complaint filed with TERO.
- ☐ Other: Explain _____

I declare under penalty of perjury that the foregoing is true and correct.

Signature of Complainant _____

Date _____